

Dear Friends and Colleagues:

California's efforts to promote the early detection and treatment of cancer are encouraging. Through enhanced collaborations and educational efforts among state, local, federal, voluntary, and private organizations, overall cancer death rates are declining.

The mission of the California Department of Health Services Cancer Detection Section (CDS) is to save lives by preventing and reducing the devastating effects of cancer for all Californians through early detection, diagnosis, and treatment services. With special emphasis on medically under-served populations, the CDS *Cancer Detection Programs: Every Woman Counts (CDP:EWC)* offers high quality, multi-faceted, early detection and diagnostic services for breast and cervical cancer.

This CDS program is producing positive results. Over 6,805 breast cancers and 1,305 cervical cancers have been diagnosed since the inception of *Cancer Detection Programs: Every Woman Counts*. CDS will also offer services soon to reduce heart disease and stroke risk through the *Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)* program.

*Cancer Detection Programs: Every Woman Counts* provides free lifesaving breast cancer screening and diagnostic services to women aged 40 and over who are low-income, uninsured, or underinsured. *CDP:EWC* also provides cervical cancer screening and diagnostic services to women aged 25 and over who meet similar eligibility criteria. In 2003 alone, *CDP:EWC* provided breast and cervical cancer services to nearly 190,000 women. Funding from a federal grant and State tobacco taxes allows CDS to implement these programs.

*Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)* is a federally funded demonstration project to assess and reduce the risk of heart disease and stroke among low-income and uninsured Latina women, aged 40-64. Known in California as *Corazón de la Familia (Heart of the Family)*, the program will provide assessment, patient education, counseling, referral, and follow-up for heart disease risk factors. Initially the program will be implemented in up to five clinic sites, with possible subsequent expansion to additional sites.

The enclosed materials provide basic facts about these programs. We hope that you find them useful and informative. I also invite you to visit our Web site at [www.dhs.ca.gov/cancerdetection](http://www.dhs.ca.gov/cancerdetection) for additional information.

Sincerely,



Kurt P. Snipes, M.S., Ph.D.  
Acting Chief, Cancer Detection Section

# Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

## ***Cancer Detection Programs: Every Woman Counts***

Since 1991, the Cancer Detection Section (CDS) has provided breast and cervical cancer screening and diagnostic services to women. These services are provided free to women who qualify, thanks to the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) and the California Breast Cancer Act of 1993.

*Cancer Detection Programs: Every Woman Counts* is a program built on a model originally created by the Centers for Disease Control (CDC) comprised of six interdependent components: screening, tracking, follow-up and case-management; quality assurance and improvement; professional education; public education and outreach; surveillance and evaluation; and coalitions and Partnerships. The success and effectiveness of *Cancer Detection Programs: Every Woman Counts*, and the fight to eliminate health disparities in breast and cervical cancer for California's underserved low-income women, requires synergy across all six components.

*Cancer Detection Programs: Every Woman Counts* provides free clinical breast exams, mammograms, pelvic exams and Pap tests to California's underserved women. These women are age 40 and older (cervical cancer screening is provided to women 25 and older), have an income at or below 200% of the federal poverty level, and have limited or no health insurance—they are California's working poor.

Approximately 900,000 women are eligible for breast cancer screening services and more than 1,800,000 are eligible for cervical cancer screening services.

### **Highlights of *Cancer Detection Programs: Every Woman Counts***

Screening, tracking, follow-up and case management, to reduce breast cancer mortality:

- Access to screening services is simple. Web-based enrollment applications can be completed right in the doctor's office.
- Tools and systems are available to help providers remind women to be screened every year, and to support follow-up with women who have abnormal findings.
- Over 1,000 primary care doctors and health care providers deliver comprehensive case management, from initial contact to completion of the periodic screening cycle. They coordinate and provide screening and/or refer to diagnostic and treatment services, to ensure the continuum of care for patients in *Cancer Detection Programs: Every Woman Counts*.
- Once a cancerous condition is found, breast and cervical cancer treatment services are available through the Medi-Cal program to women screened through *Cancer Detection Programs: Every Woman Counts* and others who qualify.

Quality assurance and improvement systems are essential to saving lives:

- Experts perform on-going medical record reviews to identify quality assurance issues, improve service delivery and develop innovative evidence-based provider training strategies.

*But it takes more  
than a  
mammogram...*

- Over 10,000 copies of breast diagnostic algorithms (pathways) have been distributed to primary care physicians. The algorithms incorporate new guidelines, research, and technologies, especially the interpretation of pathology, to help physicians provide prompt evaluation and timely discussion of results with women. The algorithms are available at [www.dhs.ca.gov/cancerdetection/healthprofessionals.htm](http://www.dhs.ca.gov/cancerdetection/healthprofessionals.htm).
- The booklet *A Woman's Guide to Breast Cancer Diagnosis and Treatment* is a valuable guide intended to help a woman become an informed partner in making choices with her health care team. In California, the law requires that the booklet be given to a woman before diagnostic or treatment services are performed.

Professional education improves the standards of practice:

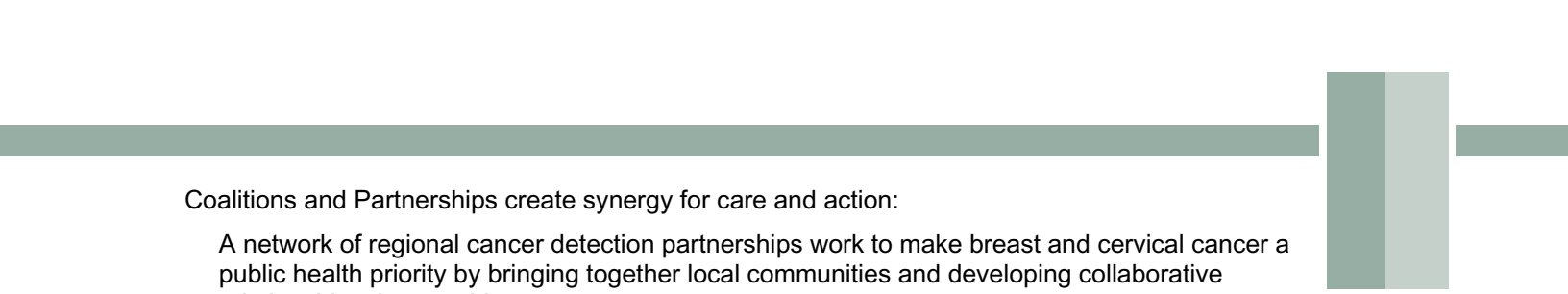
- Over 3,900 medical professionals have received state-of-the-art, hands-on, skills-based clinical breast exam and provider-patient communication training.
- Clinical breast exam training is provided in either a 5-hour interactive course or a 2-hour session in the provider's office, with self-study review.
- Over 7,000 interactive Breast Cancer Review CD-ROMs have been distributed. This tool is available at <http://www.dhs.ca.gov/cancerdetection/healthprofessionals.htm>.

Public education delivers innovative strategies for reaching the underserved:

- Award-winning, TV public service announcements with Maya Angelou and Phylicia Rashad, as well as Mother's Day promotions, reach women and motivate them to get screened for the sake of their families and themselves.
- Low-literacy educational materials are offered in English, Spanish, Chinese, Korean, and Vietnamese.
- Hair stylists are trained to be lay health educators through an innovative outreach program called *Styling for Life*.
- A toll-free, consumer referral line (800-511-2300) is the only number of its kind in the nation to offer services in six languages. The toll-free number has received over 139,000 calls since 1995. Operating Monday-Friday, 9:00 am-7:00 pm, calls are answered in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.

Surveillance and evaluation provide feedback for accountability and to guide program improvements:

- Data from surveys assess breast and cervical cancer screening knowledge and behavior among California women, as well as other relevant behavioral, economic and social factors.
- A large (and growing) database involving more than 650,000 women, three million clinical services, and 6,000 providers is used to monitor and evaluate the quality of services, determine policy priorities, provide reports, and assess the impact of the program on the underserved in California.
- California is one of 14 states to receive federal funds to assess and reduce heart disease and stroke risk for low-income, uninsured women being screened for breast and cervical cancer. In California, this demonstration project, *Corazón de la Familia (Heart of the Family)*, will focus on reducing the risk of illness and death from heart disease among low income and uninsured Latina women ages 40-64. Also known as the *Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)* program, *Corazón de la Familia* offers assessment, patient education, counseling, referral and follow-up for heart disease risk factors. The project will be implemented in up to five clinic sites as a pilot, and may subsequently be expanded to additional clinic sites.



Coalitions and Partnerships create synergy for care and action:

A network of regional cancer detection partnerships work to make breast and cervical cancer a public health priority by bringing together local communities and developing collaborative relationships that provide:

- Outreach and support for women
- Client support services such as language interpretation, counseling, childcare, and transportation are offered to reduce barriers to care.
- Volunteer coalitions and ethnic specific task forces that advocate for and help ensure access, quality, and cultural relevance for the underserved.
- Support for physicians and health professionals
- Local networks for medical care are developed to reach all areas of the community
- Strategies to improve clinic management systems related to tracking, follow-up and rescreening are discussed with a volunteer coalition of experts
- Training and continuing education of health professionals is facilitated through the collaborative efforts of CDS and the regional cancer detection Partnerships

Regional cancer detection partnerships serve all 58 counties in California. A complete list of the Partnerships and contact information can be found on the CDS Web site, [www.dhs.ca.gov/cancerdetection](http://www.dhs.ca.gov/cancerdetection).

## *FUNDING*

Federal and state governments join together to fight breast and cervical cancer.

- Centers for Disease Control and Prevention under the Breast and Cervical Cancer Mortality Prevention Acts of 1990 (Public Law 101-354).
- Funding from the Proposition 99 – Tobacco Tax and Health Promotion Act account.
- The California Breast Cancer Act of 1993 mandates 50% of the revenues collected from a 2-cent tax on tobacco products towards breast cancer control. While the program is growing to meet the needs of the large, under-insured and uninsured California population, the revenues from this tax are decreasing as Californians are smoking less.

# Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

## breast cancer

Fewer California women are dying from breast cancer. The death rate from breast cancer has decreased 24% since 1988.<sup>1, 2</sup>

### The Good...

- Breast cancer deaths have declined 20% for African American and 10% for Hispanic women in California since 1988.<sup>1</sup>
- More California women, ages 40 and older, are getting mammograms. In 1987, only two out of five women (39%) reported having a mammogram in the prior year. By 2002, three out of five women (61%) reported having a mammogram in the previous year.<sup>1</sup>
- The best ways to detect breast cancer early are with regular clinical breast exams (CBE), conducted by a health care professional, and mammograms. 68% of breast cancers are being diagnosed at an early stage.<sup>1</sup> The rate of late-stage cancer is declining due to:
  - Increased awareness and low cost or free screening programs<sup>2</sup> such as *Cancer Detection Programs: Every Woman Counts* (formerly known as the Breast Cancer Early Detection Program and Breast and Cervical Cancer Control Program)<sup>3</sup>
  - More health insurance plans covering mammograms
- Breast cancer screening has saved the lives of thousands of women since mammography was introduced in the 1960s.<sup>1</sup> The survival rate has been further improved by the addition of CBE as a recommended standard of care; CBE is also provided by *Cancer Detection Programs: Every Woman Counts*.<sup>4</sup>

### The Bad...

- Breast cancer is the most common invasive cancer among women, accounting for nearly one out of three cancers diagnosed in women in the United States and California.<sup>1</sup>
- Breast cancer is the second leading cause of cancer deaths in women in the United States and California -- only lung cancer accounts for more cancer deaths.<sup>1</sup>
- In 2005, it is projected that 21,620 California women will be diagnosed with breast cancer and 4,195 will die from the disease.<sup>23</sup>

### ...And The Not So Pretty!

- The risk of breast cancer increases with age, especially after age 50. About 80% of new cases and 82% of breast cancer deaths occur in women over age 50.<sup>5</sup>
- Women often do not get CBEs and mammograms because they think that if they have no symptoms they do not need one.<sup>6</sup>

- Women face many cultural and economic barriers to adequate breast cancer screening, diagnosis and treatment. Physicians and women need to be more diligent about discussing breast cancer, CBEs, and mammography.<sup>7</sup>
- Lack of a doctor's recommendation for a CBE and mammogram is a top-ranked barrier for nearly all groups of women. The other main barrier is cost, especially for lower-income groups.<sup>7, 8, 9</sup>
- Women who discuss breast cancer screening with their physicians are up to 12 times more likely to receive a CBE and mammogram than women who do not talk to their physicians about breast cancer.<sup>10</sup>
- Cost, or the ability of the patient to pay for a CBE and mammogram, is the most frequently cited reason why physicians do not recommend them.<sup>11, 12</sup>

## Age, Income, Health Insurance Trends & Patterns

- The chance of a woman getting breast cancer increases with age. From age 30 - 40, the chance is 1 in 227; from age 40 - 50, 1 in 67; and from age 60 - 70, 1 in 26.<sup>13</sup>
- In California, in 2000, only 53% of low-income women over 40 report having both a clinical breast exam and mammogram, compared to 64% of higher income women.<sup>14</sup>
- The largest differences in breast cancer screening are found between women with and without health insurance (public or private). Less than a third (30.2%) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64% of insured women.<sup>15</sup>
- In the United States, uninsured women with breast cancer have a 30 to 50% higher risk of dying than those with health insurance. Having no insurance leads to at least 360 and as many as 600 excess deaths each year in the United States among women with breast cancer.<sup>16</sup>
- 21% of California women are without health insurance. California is ranked 44th in the nation for providing women access to health insurance.<sup>17</sup>

## Ethnic Trends & Patterns

The rates of developing and dying from breast cancer differ among ethnic groups. Although CBE and mammography utilization has increased significantly in California, usage varies among ethnic groups, income and education levels.

### African-American

- African-American women with breast cancer are more likely to die from the disease than women of any other race. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage.<sup>18</sup>
- 61% of the breast cancers diagnosed in 2000 in African-American women were early stage.<sup>1</sup>
- In 2000, 58% of African-American women age 40 and older reported having had a mammogram in the prior year.<sup>14</sup>

### Asian/Pacific Islander

- Invasive breast cancer rates increased by about 20% from 1989-1998 among Asian/Pacific Islander women in California. Although this group has the lowest incidence rate of breast cancer, it is the only group with a statistically significant increase in the incidence rate.<sup>1, 5</sup>
- 68% of the breast cancers diagnosed in 2000 in Asian/Pacific Islander women were early stage.<sup>1</sup>
- In 2000, 53% of Asian/Pacific Islander women age 40 and older reported having had a mammogram in the prior year.<sup>14</sup>

### Hispanic

- Uninsured Hispanic women are two to three times more likely to have cancer diagnosed at a later stage than their insured counterparts, making it less treatable.<sup>19</sup>
- 60% of the breast cancers diagnosed in 2000 in Hispanic women were early stage.<sup>1</sup>
- In 2000, 59% of Hispanic women age 40 and older reported having a mammogram in the prior year.<sup>14</sup>

### White (Non-Hispanic)

- For all ages combined, white women have the highest incidence rate for breast cancer.<sup>1,2</sup>
- 70% of the breast cancers diagnosed in 2000 in white women were early stage.<sup>1</sup>
- In 2000, 63% of white women age 40 and older reported having a mammogram in the prior year.<sup>14</sup>

Note: The category “American Indian” is not included in the above due to the small sample size of the available population in this category and lack of relevant data from reputable data sources.

## **Early Detection - The Best Protection**

- Early detection of breast cancer improves the chances of survival. When breast cancer is diagnosed early (at a localized stage), 97 out of every 100 women survive for five years or more. Once the disease has spread to other parts of the body, only 23% survive five years.<sup>20</sup>
- The key to early detection is the combination of yearly clinical breast exams and mammograms. Screening mammography is successful in detecting breast cancer in its earliest and most treatable stage – preventing thousands of breast cancer deaths each year.<sup>21, 22</sup>
- The American Cancer Society recommends:
  - Women age 40 and older should have an annual clinical breast exam and mammogram.
  - Women ages 20 – 39 should have a clinical breast examination by a health care professional every three years.
  - Breast self-exam is an option for women beginning in their 20s. Women should talk to their health care provider about benefits and limitations of breast self-exam.
  - Women should report any breast changes promptly to a health care provider.

Breast cancer screenings should be performed on a regular basis. Women with normal breast cancer screening results are still at risk for the disease during subsequent years.



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# Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

## cervical cancer

*Cervical cancer is nearly 100% preventable with regular Pap tests, which can detect abnormalities before they become cancerous.*<sup>1</sup>

### The Good...

- The Pap test, one of the most successful of all cancer screening tests, has saved thousands of lives since it was introduced in the 1950s.<sup>2</sup>
- Fewer California women are getting cervical cancer. From 1988–1999, invasive cervical cancer incidence declined in each of the four major race/ethnic groups.<sup>3</sup>

### The Bad...

- In the United States, 10,520 cases of cervical cancer will be diagnosed in 2004, and 3,900 women will die from the disease.<sup>4</sup>
- In California, approximately 1,670 women will be diagnosed with cervical cancer in 2005, and 465 women will die needlessly from the disease.<sup>12</sup>
- In national statistics that consider geographic variations, ethnic disparities, and other patterns, California consistently has higher rates of cervical cancer than other regions.<sup>11</sup>
- Uninsured women are less likely than insured women to be screened, making them most at risk to develop cervical cancer. The risk of developing cervical cancer is 3 – 10 times greater in women who have not been screened, as screening may find pre-cancerous cells that can be treated.<sup>6</sup>
- Uninsured patients are more likely to die prematurely because of delayed diagnosis.<sup>7</sup>
- A common cancer among Asian and Hispanic women, cervical cancer is a major problem for many women recently immigrating to California.<sup>5</sup>

### ...And The Not So Pretty

- Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have either not had a Pap test in the past five years or have never had one.<sup>8</sup>
- 800,000 California women (age 18 and older) who need to be routinely screened, have never had a Pap test.<sup>1</sup>

### Age, Income, Health Insurance Status Trends & Patterns

- The average age of women diagnosed with the disease is between 50 and 55 years old – primarily because they are less likely to have routine exams.<sup>2</sup>

- About one out of five uninsured, low-income women age 40 and older screened by *Cancer Detection Programs: Every Woman Counts* never or rarely received a Pap test. This is the group where over 30% of invasive cervical cancers can be diagnosed.<sup>9</sup>
- Approximately one out of every six uninsured women have never had a Pap test, compared to only one out of every seventeen women with health insurance.<sup>1</sup>
- Cervical cancer screening is increasing among lower income women. In 1999, 84% of lower income women reported having a Pap test in the prior three years, compared to 76% in 1992.<sup>1</sup>

## Ethnic Trends & Patterns

The risks of developing and dying from cervical cancer differ among ethnic groups, as does the frequency of getting regular cervical cancer screening.

### African-American

- Less than half (49%) of the cervical cancers diagnosed in 2000 were in the early stages.<sup>5</sup>
- From 1988-1998, the average decrease per year in cervical cancer incidence was 4.2%. Most of the decrease has taken place since 1992.<sup>3</sup>
- In 2002, 89% of African-American women ages 18 and older in California had a Pap test in the prior three years.<sup>5</sup>

### Asian/Pacific Islander

- Asian/Pacific Islander women have the second highest risk for developing cervical cancer.<sup>3,5</sup>
- 48% of the cervical cancers diagnosed in 2000 in Asian/Pacific Islander women were in the early stages.<sup>5</sup>
- From 1988-1998, the average decrease per year in cervical cancer incidence was 3.5%.<sup>3</sup>
- Asian/Pacific Islander women were the least likely to report having recently received a Pap test.<sup>1</sup> In 2002, 75% of Asian/Pacific Islander women in California, ages 18 and older, had a Pap test in the prior three years.<sup>5</sup>
- The cervical cancer incidence rate in Vietnamese American women is five times higher than among white women, according to national statistics. Cervical cancer is the most common invasive cancer for Vietnamese women, while breast cancer is the most common invasive cancer for all other groups.<sup>10</sup>

### Hispanic/Latinas

- Latinas have the highest risk for developing cervical cancer in California – more than twice as high as white women. Latinas represent one-third of invasive cervical cancers diagnosed each year in California.<sup>3</sup>
- 52% of the cervical cancers diagnosed in 2000 among Latinas were in the early stages.<sup>5</sup>
- In 2002, 84% of Latinas in California, ages 18 and older, had a Pap test in the prior three years.<sup>5</sup>

### White (Non-Hispanic)

- 55% of the cervical cancers diagnosed in 2000 in white women were in the early stages.<sup>5</sup>

- From 1988-1999, cervical cancer incidence declined less among white women in California, compared to other ethnic groups. The average decrease per year was 2%.<sup>3</sup>
- In 2002, 88% of white women in California, ages 18 and older, had a Pap test in the prior three years.<sup>5</sup>

Note: The category "American Indian" is not included in the above due to the small sample size of the available population in this category and lack of relevant data from reputable data sources.

## Early Detection - The Best Protection

- Regular Pap tests, which detect abnormalities before they become cancerous, are essential in preventing cervical cancer.<sup>1,2</sup>
- Early detection of cervical cancer improves the chances of survival. When cervical cancer is localized (early stage), 91 of every 100 women will survive for at least five years. Once the cancer has spread to other parts of the body, the five-year survival rate is 13%.<sup>5</sup>
- All women should receive annual Pap tests about 3 years after they become sexually active, but no later than age 21. After a woman has had three or more consecutive normal annual examinations, the Pap test may be performed less frequently based upon discretion of the physician in collaboration with the patient.<sup>5</sup>

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# Fact Sheet

California Department of Health Services | Cancer Detection Section

## prostate cancer

*Prostate cancer is the most common cancer in men. One in six men will be diagnosed with prostate cancer at some point in his lifetime.*<sup>1,2</sup>

- In California, approximately 22,265 men will be diagnosed with prostate cancer in 2004, and over 2,900 men will die from the disease.<sup>2</sup>
- Prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer.<sup>2</sup>
- Prostate cancer, more than any other form of cancer, is a disease associated with aging. About 75% of men are age 65 and older when diagnosed.<sup>2</sup>
- African American men have the highest rates of prostate cancer. African American men are 65% more likely than White men to develop prostate cancer, twice as likely as Hispanic men, and three times more likely than Asian and Pacific Islander men.<sup>2</sup>
- Prostate cancer in African Americans is more likely to be an aggressive form of the cancer and strike at an earlier age.<sup>3</sup>
- Little is known about the causes of prostate cancer, though a diet high in fat increases the risk.<sup>4</sup>
- Like most cancers, prostate cancer is most likely to be treated more successfully when found in its early stages. Unlike breast cancer, clinical trials have not clearly demonstrated a decrease in mortality following screening and there are many uncertainties about early detection of this disease. For example, prostate cancer often grows very slowly (unlike other cancers) and may never become life threatening.<sup>2</sup>
- The American Cancer Society, American Urological Association and the National Comprehensive Cancer Network recommend doctors offer men age 50 and older the option of yearly screening tests for the disease using two tests, the Digital Rectal Exam (DRE) and the Prostate Specific Antigen (PSA), along with a discussion of the benefits and risks of both tests. Men at high risk, such as African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age, should begin testing at age 45.<sup>5</sup>
- Early detection may have an effect on survival. At least 70% of all prostate cancers are detected early (while confined to the prostate), with a five-year survival rate of 98%. If the prostate cancer is detected after it has spread to other parts of the body, the survival rate is 33%.<sup>2</sup>

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